DR.ZIAUDDIN HOSPITAL
ذاکٹر ضیاءالدین ہسپتال
ESTD 1957

QUALITY MANAGEMENT SYSTEM ISO 9001:2015 CERTIFIED

BIRTH CERTIFICATE

S#: ..... Mother's EMR#: .....

Campus: ..... Baby's EMR#: .....

Baby's Name .....

Date of Birth ..... Time of Birth .....

Weight ..... Kg Gender ☐ Male ☐ Female

Mother's Name .....

Father's Name .....

Grand Father's Name .....

Address .....

Signature .....

☐ North Campus:
Block-B, North Nazimabad,
Karachi- Pakistan.
Tel: 36648237-9
Fax: 36649400

☐ Clifton Campus:
St - 4/B, Block-6, Scheme 5,
Clifton,Karachi, Pakistan.
Tel: 35862937-9
Fax: 35837212

☐ Kemari Campus:
Plot # 33, Behind KPT Hospital,
Kemari, Karachi, Pakistan.
Tel: 32851881-5
Fax: 32851885

☐ Nazimabad Campus:
Plot # 5, Block-3, Nazimabad,
Karachi, Pakistan.
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